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DEPARTMENT OF COMMERCE MISSOURI JUN 10 1941 STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

19568 State File No. 17271

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 514

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution St. Mary's Hospital  
(d) Length of stay: In hospital or institution 7 Days  
In this community 7 Days

2. USUAL RESIDENCE OF DECEASED:  
(a) State IOWA (b) County Taylor  
(c) City or town Bedford  
(d) Street No. 13  
(e) If foreign born, how long in U. S. A. 2 years.

3. (a) PRINT FULL NAME INFANT STURN  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. —

20. DATE OF DEATH: Month MAY day 11th year 1941 hour 8 minute 30 P. M.

4. Sex Female 5. Color or race Wht. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife — 6. (c) Age of husband or wife if alive — years

21. I hereby certify that I attended the deceased from 5-3, 1941, to 5-11, 1941; that I last saw her alive on 5-11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration —  
Tracheo-esophageal fistula  
Due to —  
Due to —

8. AGE: Years 0 Months 0 Days 9 If less than one day 3 hr. — min. —  
9. Birthplace Bedford Iowa  
10. Usual occupation Infant None

Other conditions —  
Major findings: Of operations — Of autopsy —

MOTHER FATHER  
11. Industry or business —  
12. Name UNKNOWN  
13. Birthplace UNKNOWN UNKNOWN  
14. Maiden name Virginia Sturn  
15. Birthplace Bedford Iowa  
16. (a) Informant Dr. J. F. Hardin  
(b) Address Bedford Iowa  
17. (a) Burial (b) Date thereof 5-13-41  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director FLEEMAN & SON INC  
(b) Address St. Joseph Mo.  
19. (a) May 11 1941 (b) [Signature]

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? (City or town) (County) (State) —  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —  
While at work? (Specify type of place) (e) Means of injury —  
23. Signature W. E. Petersen (M. D. or other) M. D.  
Address St. Joseph Mo. Date signed 5-12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by JM

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address St Joseph

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**